



# Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

## Hourly Plan Review Application

Jerome A. Stueve, P.E., Director

Samuel D. Palmer P.E., Assistant Director • James Gerren P.E., Assistant

☐ PLAN REVISION ☐ PLAN REVISION + ADDITIONAL SCOPE ☐ DEFERRED DESIGN ☐ STANDARD PLAN ☐ CHANGE IN OCCUPANCY ☐ LIFE SAFETY PACKAGE ☐ LIFE SAFETY SYSTEM TESTING

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE CONTRACTOR, DEVELOPER, ARCHITECT, ENGINEER OR OWNER:

**TWO (2) COPIES OF THIS COMPLETED FORM AND PLANS ARE REQUIRED FOR BUILDING REVIEWS.**

**THREE (3) COPIES ARE REQUIRED IF ZONING APPROVAL IS REQUIRED (SEE ATTACHED CHECKLIST).**

ORIGINAL/NEW PERMIT #: \_\_\_\_\_

REVISION #: \_\_\_\_\_

### PROJECT INFORMATION

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

(Include Suite/Space No. or Letter Designation if Applicable)

### CITIZEN ACCESS CONTACT INFORMATION

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact ID: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DESCRIPTION

Detailed description of work and construction documents being submitted:

### ITEM TYPE

CHECK THE PLAN TYPES SUBMITTED WITH THIS APPLICATION:

- |   |   |
|---|---|
| <input type="checkbox"/> Architectural (incl. firestopping) | <input type="checkbox"/> LS Final Report    |
| <input type="checkbox"/> ATS                                | <input type="checkbox"/> LS Test Plan       |
| <input type="checkbox"/> Basis of Design                    | <input type="checkbox"/> Mechanical         |
| <input type="checkbox"/> Civil                              | <input type="checkbox"/> Plumbing           |
| <input type="checkbox"/> Egress                             | <input type="checkbox"/> Smoke Control      |
| <input type="checkbox"/> Electrical                         | <input type="checkbox"/> Steel Fireproofing |
| <input type="checkbox"/> Fire Protection Report             | <input type="checkbox"/> Structural         |
| <input type="checkbox"/> Geotechnical                       | <input type="checkbox"/> Zoning             |

### FOR BUILDING DEPARTMENT USE ONLY

HOURLY RATES PER CLARK COUNTY DEPARTMENT OF BUILDING  
ADMINISTRATIVE CODE

( 1/2 HOUR MINIMUM PER SECTION 22.02.430, TABLE 3-1 )

Zoning: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Civil: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Architectural: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Structural: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Geotechnical: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Electrical: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Plum/Mech: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Fire Protection: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

ATS: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### ADDITIONAL SCOPE PERMIT FEES

Valuation: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Plan Review Fee Paid: \$ \_\_\_\_\_

Bldg Plan Review Fee Bal. \$ \_\_\_\_\_

Due or Credit: \$ \_\_\_\_\_

Zoning Plan Review Fee: \$ \_\_\_\_\_

Park Fee: \$ \_\_\_\_\_

Transportation Fee: \$ \_\_\_\_\_

Water Fee: \$ \_\_\_\_\_

PFNA Fee: \$ \_\_\_\_\_

MSHCP Fee: \$ \_\_\_\_\_

Mitigation Report Fee: \$ \_\_\_\_\_

Traffic Mitigation Fee: \$ \_\_\_\_\_

NOV Fee: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_



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## Hourly Plan Review Checklist

Samuel D. Palmer, Acting Director/Building & Fire Official • Girard Page, Fire Marshal

ORIGINAL PAC #: \_\_\_\_\_ REVISION #: \_\_\_\_\_

### PLEASE CHECK THE APPROPRIATE BOXES WHICH APPLY TO THIS APPLICATION

YES	NO	ITEM DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN OCCUPANCY - NO CONSTRUCTION TO BE PERFORMED
<input type="checkbox"/>	<input type="checkbox"/>	ANY EXTERIOR ELEVATION CHANGES
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN ANY REFLECTIVE MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	PARKING
<input type="checkbox"/>	<input type="checkbox"/>	LANDSCAPING
<input type="checkbox"/>	<input type="checkbox"/>	CURB CUT LOCATIONS
<input type="checkbox"/>	<input type="checkbox"/>	PARCEL ACCESSIBILITY
<input type="checkbox"/>	<input type="checkbox"/>	ON-SITE CIRCULATION
<input type="checkbox"/>	<input type="checkbox"/>	TRASH ENCLOSURE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	AREA LIGHTING (CHANGE OF LOCATION OR HEIGHT)
<input type="checkbox"/>	<input type="checkbox"/>	APARTMENT/CONDOMINIUM UNIT RECONFIGURATION (INCREASE/DECREASE OF UNIT SQUARE FOOTAGE)
<input type="checkbox"/>	<input type="checkbox"/>	WALL/FENCE (LOCATION/HEIGHT)
<input type="checkbox"/>	<input type="checkbox"/>	BUILDING SETBACKS
<input type="checkbox"/>	<input type="checkbox"/>	SCOPE OF SITE IMPROVEMENTS (INCREASE/DECREASE)
<input type="checkbox"/>	<input type="checkbox"/>	LOCATION OF BUILDING ON LOT (INCREASE/DECREASE BUILDING SETBACK FROM PROPERTY LINE OR RIGHT-OF-WAY)
<input type="checkbox"/>	<input type="checkbox"/>	SITE PLAN CHANGES
<input type="checkbox"/>	<input type="checkbox"/>	LOT DIMENSIONS
<input type="checkbox"/>	<input type="checkbox"/>	BASEMENT ADDED/DELETED
<input type="checkbox"/>	<input type="checkbox"/>	OBSURE WINDOWS (CHANGE FROM)
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE OF ROOF PITCH
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN COLOR OF EXTERIOR
<input type="checkbox"/>	<input type="checkbox"/>	ADDITION OF COOKING FACILITIES
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE TO FLOOR PLAN

If you checked yes to any of the above items, Zoning approval is also required and you must submit three (3) complete sets of plans.